

06/17/2003 11:02 FAX 4046864805

Emory Clinic NS-CLH

001

PROCEDURE SCHEDULING/AUTHORIZATION WORKSHEET

PATIENT'S NAME Williams, Hattie DOB 4-6-40 SS# 255-64-0905

ADDRESS _____

HOME PHONE 404-370-0825 WORK PHONE _____DIAGNOSIS lumbar stenosis & cervical RadiculopathyPROCEDURE ORDERED (1) myelogram CT cervical &(2) lumbar CPT _____PROCEDURE DATE / TIME Monday July 7, 03 7:30/8:30ORDERING MD P. Mummamanni SIGNATURE _____POSTING FACILITY STAFF Kim NS STAFF AUDREY

SPECIFIC CONSIDERATIONS FOR TEST(S)/STUDY(IES)

- WEIGHT _____
- IS PT. OVER 70 YRS. OLD? Y _____ N ✓
- **DIABETIC Y _____ N ✓
- **ALLERGIC TO: _____
- ***MEDS Y _____ N ✓ TYPE: _____
- ***IV DYBS Y _____ N ✓ TYPE: _____
- **CLAUSTROPHOBIC Y _____ N ✓ MED GIVEN _____
- METAL CLIPS, PINS, SCREWS, RODS Y _____ N ✓
- LIVE >50 MI. AWAY? Y _____ N ✓
- SOMEONE TO DRIVE PT. HOME? Y ✓ N _____

NPD
Need DRIVER

INSURANCE #1

INSURANCE #2

PLAN NAME Medicare PLAN NAME _____

GRP# _____ ID# _____ GRP# _____ ID# _____

REFERRAL # _____ REFERRAL # _____

PRECERT # NOT REQUIRED PRECERT # _____

CONTACT _____ CONTACT _____

PHONE # _____ PHONE # _____

DATE PATIENT NOTIFIED 6-17-03

PREP INSTRUCTIONS	Y <u>✓</u>	N _____
DIRECTIONS	Y <u>✓</u>	N _____
PROCEDURE LOGGED	Y <u>✓</u>	N _____
FORM COPIED TO STAFF ASSISTANT	Y <u>✓</u>	N _____

DATE FORM FAXED TO POSTING FACILITY _____

NS STAFF SIGNATURE AUDREY

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CLH PROC

WILLIAMS, HATTIE M - CLH_001152290

* Final Report *

Document Type: CLH PROC
Document Date: 29 May 2008 00:00
Document Status: Auth (Verified)
Document Title: Crawford Long Hospital Procedure Note
Performed By: Williams, David P on 07 July 2008 17:12
Encounter info: 2577508150, ECLH, Single Visit OP, 5/29/2008 - 5/29/2008

* Final Report *

Crawford Long Hospital Procedure Note

ELECTRONICALLY SIGNED BY David P. Williams, M.D. on 07/07/2008 at 04:48 PM
CRAWFORD LONG HOSPITAL
PROCEDURE REPORT

PATIENT NAME: WILLIAMS, HATTIE M
MRN: 1152290
ENCOUNTER NO: 2577508150
PROCEDURE DATE: 05/29/2008
ROOM:
MD NO: 052856
SURGEON MD: David P Williams, M.D.

PROCEDURE TYPE: Electromyography and nerve conduction studies.

REFERRING PHYSICIAN: DOUGLAS SCOTT STUART, MD

HISTORY: Right leg weakness status post gynecologic surgery May 2, 2008, question femoral neuropathy versus lumbosacral radiculopathy.

TECHNICAL SUMMARY: Sensory nerve conduction study of the right sural nerve is normal. Sensory nerve conduction studies of the saphenous nerve show no responses bilaterally. Motor nerve conduction studies of bilateral peroneal and of the right tibial nerves are normal.

Concentric needle electromyography of selected muscles in the right leg demonstrates moderate to severe ongoing denervation and subacute re-innervation changes in iliopsoas and vastus lateralis. All other muscles examined in the

Printed by: Smith, Camille C.
Printed on: 12/11/2008 06:43

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(Continued)

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CLH PROC

WILLIAMS, HATTIE M - CLH_001152290

* Final Report *

leg representative of the L2-S1 myotomes are normal. Examination of lumbar paraspinal muscles on the right at the L4 level is normal.

IMPRESSION: There is electrophysiologic evidence for a moderately severe subacute right femoral neuropathy. The absent saphenous sensory potentials are of uncertain significance given their bilateral absence and may be due to technical factors.

/David P Williams, M.D.
DPW/MB
DD: 05/29/2008 14:44:45
DT: 05/29/2008 21:37:31
672435/327885817/
Elite

ELECTRONICALLY SIGNED BY David P. Williams, M.D. on 07/07/2008 at 04:48 PM

Completed Action List:

* Perform by Williams, David P on 07 July 2008 17:12

Printed by: Smith, Camille C.
Printed on: 12/11/2008 06:43

Page 2 of 2
(End of Report)

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XRS065

WILLIAMS, HATTIE M - CLH_001152290

* Final Report *

Document Type: XRS065
Document Date: 06 December 2007 10:00
Document Status: Auth (Verified)
Document Title: SPINE C COMP
Performed By: SHERLING, EDWARD C on 06 December 2007 15:15
Encounter info: 2577507340, ECLH, Single Visit OP, 12/6/2007 - 12/6/2007

* Final Report *

XRS065

MRN - 1152290
NAME - WILLIAMS, HATTIE M
DATE - 12/6/2007
TEST: XR SPINE CERV CMPLT OBL OR F/E
REQUESTOR: WILLIAMS, JIMMIE E
DIAGNOSIS: C SPINE PAIN AND RIGHT ARM PAIN
HISTORY: X RAY C SPINE

CERVICAL SPINE

HISTORY: Cervical spine pain.

FINDINGS: Severe, chronic degenerative changes are identified with severe intervertebral disc space narrowing and marginal, anterior osteophyte formation. The patient is apparently status post cervical laminectomy from C3-C5. There is partial osseous fusion in the cervical spine. No acute fracture or destructive lesion is clearly seen.

IMPRESSION:

No definite acute abnormality is identified.

Report has been electronically signed by: SHERLING, EDWARD, M.D.

Completed Action List:

- * Order by WILLIAMS, JIMMIE EUGENE on 06 December 2007 09:39
- * Perform by SHERLING, EDWARD C on 06 December 2007 15:15
- * Sign by SHERLING, EDWARD C on 07 December 2007 11:37 07 December 2007 11:37

Printed by: Smith, Camille C.
Printed on: 12/11/2008 06:43

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(Continued)

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XRS065

WILLIAMS, HATTIE M - CLH_001152290

* Final Report *

E M O R Y H E A L T H C A R E
EMORY CRAWFORD LONG HOSPITAL
PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 1
11/24/08 06:58

PATIENT NAME: WILLIAMS, HATTIE M

ACCOUNT NBR: 001147029-7349
BILLING PERIOD: 12/15/07 11/24/08

BILL TO
HATTIE M WILLIAMS
400 DIXIE HILL CIRCLE
ATLANTA GA 30310
UNITED STATES

SRV DATE	REF NBR	DESCRIPTION	
12/15/07	70110017	BASIC METABOLIC PANEL	69.00
12/15/07	70130032	CBC AND AUTO DIFF	62.00
12/15/07	70190020	CULTURE, BACTERIAL; BLOOD	(QTY OF 0002) 162.00
12/15/07	70190023	CULTURE, BACTERIAL	70.00
12/15/07	70190085	SMEAR; ROUTINE STAIN	23.00
12/15/07	70230025	URINALYSIS, AUTO W/ MICRO	30.00
12/15/07	70704112	SULFAMETHOXAZ./TRIMETHOPRIM DS	(QTY OF 0002) 0.00
12/15/07	70700958	AMPICIL-SULBACT 3GM/NS INJ	53.84
12/15/07	70701159	AMITRIPTYLINE HCL 25MG TAB	0.00
12/15/07	70701281	VALSARTAN 160MG TAB	0.00
12/15/07	70708178	ENOXAPARIN NA 10MG INJ (40MG)	113.61
12/15/07	70701281	VALSARTAN 160MG TAB	0.00
12/15/07	70702885	ACETAMINOPHEN 325MG TAB	(QTY OF 0002) 0.00
12/15/07	70703686	FUROSEMIDE 20MG INJ (40MG/4ML)	5.04
12/15/07	70703356	POT CL 10% ORAL 20 MEQ UD	(QTY OF 0002) 0.00
12/15/07	70703356	POT CL 10% ORAL 20 MEQ UD	(QTY OF 0002) 0.00
12/15/07	10593970	VL EXT VENOUS DUPLEX BIL	857.00
12/15/07	70110017	BASIC METABOLIC PANEL	69.00
12/16/07	70110017	BASIC METABOLIC PANEL	69.00
12/15/07	70110088	MAGNESIUM	55.00
12/15/07	70110099	PHOSPHORUS, INORGANIC	40.00
12/15/07	70120007	CBC	53.00
12/16/07	70120007	CBC	53.00
12/15/07	70170023	PARATHORMONE	317.00
12/15/07	70220001	VENIPUNCTURE	19.00
12/16/07	70220001	VENIPUNCTURE	19.00
12/15/07	70700055	POTASSIUM CL INJ 20MEQ/10ML	(QTY OF 0002) 3.78
12/15/07	70702095	SODIUM CHLORIDE .9% 500ML INJ	35.00
12/15/07	70701159	AMITRIPTYLINE HCL 25MG TAB	0.00
12/15/07	70708178	ENOXAPARIN NA 10MG INJ (40MG)	113.61
12/15/07	70703649	METOPROLOL 50MG TAB	(QTY OF 0002) 0.00
12/16/07	70703686	FUROSEMIDE 20MG INJ (40MG/4ML)	(QTY OF 0002) 10.08
12/16/07	70703750	IBUPROFEN 600MG TAB	(QTY OF 0005) 0.00
12/16/07	70704378	ASPRIN EC 325MG TAB	0.00
12/16/07	70704112	SULFAMETHOXAZ./TRIMETHOPRIM DS	(QTY OF 0004) 0.00
12/16/07	70702951	POTASSIUM CL 20MEQ SA TAB	(QTY OF 0002) 0.00
12/16/07	70701159	AMITRIPTYLINE HCL 25MG TAB	0.00
12/16/07	70704378	ASPRIN EC 325MG TAB	0.00
12/16/07	70708178	ENOXAPARIN NA 10MG INJ (40MG)	113.61
12/16/07	70703686	FUROSEMIDE 20MG INJ (40MG/4ML)	5.04
12/16/07	70703750	IBUPROFEN 600MG TAB	(QTY OF 0004) 0.00

E M O R Y H E A L T H C A R E
EMORY CRAWFORD LONG HOSPITAL
PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 2
11/24/08 06:58

PATIENT NAME: WILLIAMS, HATTIE M

ACCOUNT NBR: 001147029-7349

SRV DATE	REF NBR	DESCRIPTION		
12/16/07	70703649	METOPROLOL 50MG TAB	(QTY OF 0002)	0.00
12/16/07	70704112	SULFAMETHOXAZ./TRIMETHOPRIM DS	(QTY OF 0004)	0.00
12/16/07	70701281	VALSARTAN 160MG TAB		0.00
12/17/07	70110017	BASIC METABOLIC PANEL		69.00
12/17/07	70130032	CBC AND AUTO DIFF		62.00
12/17/07	70220001	VENIPUNCTURE		19.00
12/17/07	62508565	TRIPLE-CARE CLEANSER 8 OZ		12.00
12/16/07	70703649	METOPROLOL 50MG TAB	(QTY OF 0002)	0.00
12/17/07	70708194	VALSARTAN 80MG CAP		0.00
12/17/07	70703750	IBUPROFEN 600MG TAB	(QTY OF 0004)	0.00
12/17/07	70702951	POTASSIUM CL 20MEQ SA TAB		0.00
12/17/07	70704112	SULFAMETHOXAZ./TRIMETHOPRIM DS	(QTY OF 0002)	0.00
12/17/07	70703276	SILVR SULFADIAZIN 1% CRM 400GM		39.31
12/17/07	70700564	FUROSEMIDE 40MG TAB		0.00
12/17/07	70701159	AMITRIPTYLINE HCL 25MG TAB		0.00
12/17/07	70704378	ASPRIN EC 325MG TAB		0.00
12/17/07	70708178	ENOXAPARIN NA 10MG INJ (40MG)		113.61
12/17/07	70700564	FUROSEMIDE 40MG TAB		0.00
12/17/07	70703649	METOPROLOL 50MG TAB	(QTY OF 0002)	0.00
12/17/07	70702951	POTASSIUM CL 20MEQ SA TAB		0.00
12/17/07	70704112	SULFAMETHOXAZ./TRIMETHOPRIM DS	(QTY OF 0003)	0.00
12/17/07	70708194	VALSARTAN 80MG CAP		0.00
12/18/07	70110017	BASIC METABOLIC PANEL		69.00
12/18/07	70120007	CBC		53.00
12/18/07	70220001	VENIPUNCTURE		19.00
12/17/07	10693320	Doppler echo; complete		344.00
12/17/07	10693325	Doppler color flow velocity ma		580.00
12/17/07	10693307	Echo transthor, (2D); complet		763.00
12/15/07	11500071	EMERG DEPT COMPREHENSIVE CARE		747.00
12/15/07	11590774	IV PUSH INJECT-SINGLE/INITIAL		77.00
12/18/07	70703628	PNEUMOCOCCAL VACCINE .25MG SYR		96.22
12/18/07	70702219	INFLUENZA VAC. 0.5ML ONE DOSE		17.31
12/18/07	70701159	AMITRIPTYLINE HCL 25MG TAB		0.00
12/18/07	70704378	ASPRIN EC 325MG TAB		0.00
12/18/07	70708178	ENOXAPARIN NA 10MG INJ (40MG)		113.61
12/18/07	70700564	FUROSEMIDE 40MG TAB		0.00
12/18/07	70703649	METOPROLOL 50MG TAB	(QTY OF 0002)	0.00
12/18/07	70707584	POTASSIUM CL 10MEQ CAP		0.00
12/18/07	70704112	SULFAMETHOXAZ./TRIMETHOPRIM DS	(QTY OF 0003)	0.00
12/18/07	70708194	VALSARTAN 80MG CAP		0.00
12/18/07	16176775	US RETROPERITONEUM LTD		431.00
-- WE HAVE BILLED THE FOLLOWING INSURANCE(S) --				
MEDICAID 12/15/07 - 02/18/08				
01/30/08	50009003	DISCOUNT - MEDICAID INPATIENT SERVICE ON 12/15/07		5782.19-
MEDICAID				
01/30/08	50009004	DISCOUNT RVRS - MEDICAID IN SERVICE ON 12/15/07		5782.19
MEDICAID				
02/19/08	51001052	MEDICAID NONCOVERED CHARGES SERVICE ON 12/15/07		212.00-
MEDICAID				
02/18/08	50009003	DISCOUNT - MEDICAID INPATIENT SERVICE ON 12/15/07		4896.99-

EMORY HEALTHCARE
EMORY CRAWFORD LONG HOSPITAL
PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 3
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PATIENT NAME: WILLIAMS, HATTIE M

ACCOUNT NBR: 001147029-7349

SRV DATE	REF NBR	DESCRIPTION	
		MEDICAID	
03/04/08	40001040	MEDICAID PAYMENT	SERVICE ON 12/15/07 1431.79-
		MEDICAID	
03/04/08	52008099	CONTRACTUAL ADJUSTMENT	SERVICE ON 12/15/07 495.11
		MEDICAID	

REMIT TO			
EMORY CRAWFORD LONG HOSP.	BEGINNING BALANCE		0.00
550 PEACHTREE STREET, N.E	NEW CHARGES/ADJUSTMENTS		12322.97
	NEW PAYMENTS/CREDITS		12322.97-
ATLANTA	GA 303652225	CURRENT ACCOUNT BALANCE	0.00

MAKE CHECK PAYABLE TO: EMORY CRAWFORD LONG HOSP.

IF YOU HAVE ANY QUESTIONS CONCERNING THIS STATEMENT PLEASE CONTACT:
PATIENT ACCOUNTS PHONE: (404) 686-2422

EMORY HEALTHCARE
 EMORY CRAWFORD LONG HOSPITAL
 PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 1
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PATIENT NAME: WILLIAMS, HATTIE MAE

ACCOUNT NBR: 000259181-8127

BILLING PERIOD: 05/06/08 11/24/08

BILL TO
 HATTIE MAE WILLIAMS
 1053 LINMAN AVE SE
 APT 5
 ATLANTA GA 30315
 UNITED STATES

SRV DATE	REF NBR	DESCRIPTION	
05/06/08	70110049	COMPREHENSIVE METABOLIC PANEL	84.00
05/06/08	70130032	CBC AND AUTO DIFF	62.00
05/06/08	70120034	D-DIMER, QUANTITATIVE	80.00
05/06/08	70704114	HYDROCODONE/ACETAMINOPHEN TAB	1.37
05/06/08	70704810	MIDAZOLAM INJ 2MG/2ML VIAL (QTY OF 0002)	13.16
05/06/08	70702884	FENTANYL 0.1MG/2ML INJ	2.28
05/06/08	15573020	SHOULDER, LIMITED	137.00
05/07/08	15500100	PORTABLE PROCEDURE	0.00
05/06/08	15573030	SHOULDER, COMPLETE	160.00
05/06/08	70704810	MIDAZOLAM INJ 2MG/2ML VIAL	6.58-
05/06/08	11500071	EMERG DEPT COMPREHENSIVE CARE	747.00
05/06/08	11590774	IV PUSH INJECT-SINGLE/INITIAL	77.00
05/06/08	11590775	IV PUSH INJECT-EA ADD/SEQUENTI	77.00
06/23/08	54001021	SP 25% WRITE OFF	358.55-
09/11/08	53001020	OFC WRITE-OFF	1075.68-

REMIT TO			
EMORY CRAWFORD LONG HOSP.	BEGINNING BALANCE		0.00
550 PEACHTREE STREET, N.E	NEW CHARGES/ADJUSTMENTS		1440.81
	NEW PAYMENTS/CREDITS		1440.81-
ATLANTA GA 303652225	CURRENT ACCOUNT BALANCE		0.00

MAKE CHECK PAYABLE TO: EMORY CRAWFORD LONG HOSP.

IF YOU HAVE ANY QUESTIONS CONCERNING THIS STATEMENT PLEASE CONTACT:
 PATIENT ACCOUNTS PHONE: (404) 686-2422

EMORY HEALTHCARE
 EMORY CRAWFORD LONG HOSPITAL
 PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 1
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PATIENT NAME: WILLIAMS, HATTIE MAE

ACCOUNT NBR: 000259181-8226

BILLING PERIOD: 08/14/08 11/24/08

BILL TO
 HATTIE MAE WILLIAMS
 1053 LINMAN AVE SE
 APT 5
 ATLANTA GA 30315
 UNITED STATES

SRV DATE	REF NBR	DESCRIPTION	
08/13/08	15393721	PLETHYSMOGRAPHY, TOTAL BODY, T	117.00
08/13/08	15394060	BRONCHOSP EVAL BRONCHODILATOR	208.00
08/13/08	15394720	CARBON MONOXIDE DIFFUSING CAP	216.00
-- WE HAVE BILLED THE FOLLOWING INSURANCE(S) --			
		EVERCARE UHC (MCR) OUTPT 08/14/08 - 08/27/08	
09/16/08	40001050	MEDICARE PAYMENT SERVICE ON 08/13/08	342.15-
		EVERCARE UHC (MCR) OUTPT	
09/16/08	52008099	CONTRACTUAL ADJUSTMENT SERVICE ON 08/13/08	135.25-
		EVERCARE UHC (MCR) OUTPT	
09/16/08		YOUR INSURANCE HAS PAID, BALANCE DUE FROM YOU.	

REMIT TO			
EMORY CRAWFORD LONG HOSP.	BEGINNING BALANCE		0.00
550 PEACHTREE STREET, N.E	NEW CHARGES/ADJUSTMENTS		541.00
	NEW PAYMENTS/CREDITS		477.40-
ATLANTA GA 303652225	CURRENT ACCOUNT BALANCE		63.60

MAKE CHECK PAYABLE TO: EMORY CRAWFORD LONG HOSP.

IF YOU HAVE ANY QUESTIONS CONCERNING THIS STATEMENT PLEASE CONTACT:
 PATIENT ACCOUNTS PHONE: (404) 686-2422

EMORY HEALTHCARE
EMORY CRAWFORD LONG HOSPITAL
PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 1
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PATIENT NAME: WILLIAMS, HATTIE MAE

ACCOUNT NBR: 000259181-8227

BILLING PERIOD: 11/24/08

BILL TO
EMORY CLINIC RAD CLOSED
550 PEACTREE STREET
ATT: BUSINESS OFFICE
ATLANTA GA 30308
UNITED STATES

SRV DATE REF NBR

DESCRIPTION

REMIT TO		
EMORY CRAWFORD LONG HOSP.	BEGINNING BALANCE	0.00
550 PEACHTREE STREET, N.E	NEW CHARGES/ADJUSTMENTS	0.00
	NEW PAYMENTS/CREDITS	0.00
ATLANTA GA 303652225	CURRENT ACCOUNT BALANCE	0.00

MAKE CHECK PAYABLE TO: EMORY CRAWFORD LONG HOSP.

IF YOU HAVE ANY QUESTIONS CONCERNING THIS STATEMENT PLEASE CONTACT:
PATIENT ACCOUNTS PHONE: (404) 686-2422

E M O R Y H E A L T H C A R E
EMORY CRAWFORD LONG HOSPITAL
PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 1
11/24/08 06:58

PATIENT NAME: WILLIAMS, HATTIE MAE

ACCOUNT NBR: 000259181-8248
BILLING PERIOD: 09/22/08 11/24/08

BILL TO
HATTIE MAE WILLIAMS
1053 LINMAN AVE SE
APT 5
ATLANTA GA 30315
UNITED STATES

SRV DATE	REF NBR	DESCRIPTION		
09/22/08	70110067	GLUCOSE; QUANTITATIVE	(QTY OF 0002)	74.00
09/22/08	70110104	POTASSIUM; SERUM	(QTY OF 0002)	80.00
09/22/08	70110123	SODIUM; SERUM		43.00
09/22/08	70120019	HEMATOCRIT	(QTY OF 0002)	50.00
09/22/08	70120021	HEMOGLOBIN	(QTY OF 0002)	50.00
09/22/08	70170875	GLUCOSE, BLOOD BY GMD		14.00
09/22/08	14900100	ANESTHESIA TIME, ONE MINUTE	(QTY OF 0078)	936.00
09/22/08	10893005	EKG 12 LEADS; TRACING ONLY		100.00
09/22/08	62122108	PACK LAP T-SHEET		17.00
09/22/08	62122237	STAPLER SKIN APPOSE 35R/35W		20.00
09/22/08	65130520	SUTURE VICRYL 0 CTX		5.00
09/22/08	62121148	SUTURE SILK PRECUT		6.00
09/22/08	62121148	SUTURE SILK PRECUT		6.00
09/22/08	62121090	STEREC BASIC PACK W/ STD GOWN		43.00
09/22/08	62121091	STEREC BASIN MAJOR SET INPT		24.00
09/22/08	62500147	GLOVE STERILE LATEX		0.00
09/22/08	62506123	KNIFE BLADE AND TIP		12.00
09/22/08	62139791	CHLORAPREP 26ML W-TINT APPLICA		21.00
09/22/08	62130870	SUTURE PROLENE		18.00
09/22/08	62125261	HEMOCLIP TITANIUM MEDIUM		11.00
09/22/08	62122076	BOVIE GROUNDING PAD		9.00
09/22/08	62123708	BOVIE PENCIL HAND CONTROL/HOLS		9.00
09/22/08	62123864	SUTURE MONOCRYL		12.00
09/22/08	62120330	DRAPE SHEET LARGE		9.00
09/22/08	62125021	SUTURE BOOT		5.00
09/22/08	62125253	HEMOCLIP TITANIUM SMALL		9.00
09/22/08	14300100	OR TIME, ONE MINUTE	(QTY OF 0078)	3822.00
09/22/08	62130870	SUTURE PROLENE		18.00
09/22/08	70702944	NS IRRIG 1000ML BTL		8.09
09/22/08	62500134	PREP TRAY SCRUB W/BETADINE		11.00
09/22/08	14701006	PREOP TIME PER MIN (NO CHARGE)	(QTY OF 0162)	0.00
09/22/08	14700015	RECOVERY LEVEL 3, ONE MINUTE	(QTY OF 0097)	1164.00
09/22/08	70704094	LABETALOL INJ 100MG/20ML AMP		17.50
09/22/08	70700970	VANCOMYCIN 1GM/NS INJ		53.03
09/22/08	70701952	GELATIN ABSORB 100CMSQ DRESS		150.36
09/22/08	70703215	BUPIVACAINE .5% INJ 30ML VIAL		22.19
09/22/08	70704855	THROMBIN 5000U POWDER 1 VIAL		376.25
09/22/08	70704049	HEPARIN SOD INJ 1000U/1ML 30ML		12.60
09/22/08	70702884	FENTANYL 0.1MG/2ML INJ		2.28
09/22/08	70704810	MIDAZOLAM INJ 2MG/2ML VIAL		6.58
09/22/08	70709892	DIPRIVAN 20ML AMP		46.90

E M O R Y H E A L T H C A R E
 EMORY CRAWFORD LONG HOSPITAL
 PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 2
 11/24/08 06:58

PATIENT NAME: WILLIAMS, HATTIE MAE ACCOUNT NBR: 000259181-8248

SRV DATE	REF NBR	DESCRIPTION	
09/22/08	70704626	DIPHENHYDRAMINE INJ 50MG/1ML	4.20
09/22/08	70704799	FAMOTIDINE 20MG/2ML VIAL	0.00
09/22/08	70707250	LIDOCAINE 20MG/ML OR SYRINGE	10.35
09/22/08	62505575	BP SENSACUFF ADULT	30.00
09/22/08	62506288	NASAL CANNULA	14.00
09/22/08	62508727	IV SET MICRODRIP N/VENT (QTY OF 0002)	20.00
09/22/08	62509311	IV EXT 2-WAY W/REFLX VALV NURS	8.00
09/22/08	62503142	IV EXT THREE PORT ADAPTER	9.00
09/22/08	70700232	SODIUM CHLORIDE .9% 250ML INJ	35.00
09/22/08	62124051	IV STOPCOCK 3 WAY TRIPLE WALRU	16.00
-- WE HAVE BILLED THE FOLLOWING INSURANCE(S) --			
		EVERCARE UHC (MCR) OUTPT 09/22/08 - 09/29/08	
10/13/08	40001020	INSURANCE PAYMENT SERVICE ON 09/22/08	716.78-
		EVERCARE UHC (MCR) OUTPT	
10/13/08	52008099	CONTRACTUAL ADJUSTMENT SERVICE ON 09/22/08	6723.55-
		EVERCARE UHC (MCR) OUTPT	

REMIT TO			
EMORY CRAWFORD LONG HOSP.	BEGINNING BALANCE		0.00
550 PEACHTREE STREET, N.E	NEW CHARGES/ADJUSTMENTS		7440.33
	NEW PAYMENTS/CREDITS		7440.33-
ATLANTA GA 303652225	CURRENT ACCOUNT BALANCE		0.00

MAKE CHECK PAYABLE TO: EMORY CRAWFORD LONG HOSP.

IF YOU HAVE ANY QUESTIONS CONCERNING THIS STATEMENT PLEASE CONTACT:
 PATIENT ACCOUNTS PHONE: (404) 686-2422

EMORY HEALTHCARE

EMORY CRAWFORD LONG HOSPITAL

550 PEACHTREE STREET, NE ATLANTA, GEORGIA 30308-2225

PATIENT NAME	ACCOUNT NUMBER	PT	FROM	THRU	STATEMENT DATE
WILLIAMS, HATTIE M	000257750-7313	ER	11/09/07		11/17/07

BILL TO

HATTIE M WILLIAMS
348 ELEANOR ST
ATLANTA GA 30317
UNITED STATES

SEND PAYMENT TO

EMORY CRAWFORD LONG HOSPITAL
P.O. BOX 406939
ATLANTA, GEORGIA 30384-6939

FOR BILLING INFORMATION CALL PATIENT ACCOUNTS

PHONE 404-686-2422

MEDICARE B

MCB

PATIENT NAME	ACCOUNT NUMBER	STMT DATE	PAGE	INSURANCE PORTION IS COMPUTED ACCORDING TO THE INFORMATION PROVIDED BY YOUR INS. CARRIER
WILLIAMS, HATTIE M	000257750-7313	11/17/07	SM01	

SERVICE DATE	REFERENCE NO.	DESCRIPTION	TOTAL	INSURANCE PORTION	PATIENT PORTION
<p>Thank you for using Emory Crawford Long Hospital. This is not a bill. This is a summary of hospital services only. You may receive an additional statement from The Emory Clinic, Inc. for physician services.</p>					
--- SUMMARY OF CHARGES ---					
ROOM CHARGES					
TOTAL ROOM CHARGES			.00		
ANCILLARY CHARGES					
032		DX X-RAY	183.00	183.00	
045		EMERG ROOM	133.00	133.00	
TOTAL ANCILLARY CHARGES			316.00	316.00	
TOTAL CHARGES AND INSURANCE			316.00	316.00	

EMORY HEALTHCARE

EMORY CRAWFORD LONG HOSPITAL

550 PEACHTREE STREET, NE ATLANTA, GEORGIA 30308-2225

WILLIAMS, HATTIE M	000257750-7340	OS	12/06/07	12/06/07	12/16/07
--------------------	----------------	----	----------	----------	----------

HATTIE M WILLIAMS
348 ELEANOR STREET
ATLANTA GA 30317
UNITED STATES

EMORY CRAWFORD LONG HOSPITAL
P.O. BOX 406939
ATLANTA, GEORGIA 30384-6939

FOR BILLING INFORMATION CALL PATIENT ACCOUNTS PHONE 404-686-2422
MEDICARE HMO GENERIC OTPT MGO

WILLIAMS, HATTIE M	000257750-7340	12/16/07	SM01	INSURANCE PORTION IS COMPUTED ACCORDING TO THE INFORMATION PROVIDED BY YOUR INS. CARRIER
--------------------	----------------	----------	------	--

Thank you for using Emory Crawford Long Hospital.
This is not a bill. This is a summary of hospital services only.
You may receive an additional statement from The Emory
Clinic, Inc. for physician services.

--- SUMMARY OF CHARGES ---

ROOM CHARGES

TOTAL ROOM CHARGES .00

ANCILLARY CHARGES

032 DX X-RAY 260.00 260.00

TOTAL ANCILLARY CHARGES 260.00 260.00

TOTAL CHARGES AND INSURANCE 260.00 260.00

EMORY HEALTHCARE
 EMORY CRAWFORD LONG HOSPITAL
 PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 1
 11/24/08 06:57

PATIENT NAME: WILLIAMS, HATTIE M

ACCOUNT NBR: 000257750-7313

BILLING PERIOD: 11/09/07 11/24/08

BILL TO
 HATTIE M WILLIAMS
 348 ELEANOR STREET SE
 ATLANTA GA 30317
 UNITED STATES

SRV DATE	REF NBR	DESCRIPTION	
11/09/07	15573564	KNEE, COMPLETE	183.00
11/09/07	11500382	LEV 3 HOSP TYPE B ED VISIT	133.00
-- WE HAVE BILLED THE FOLLOWING INSURANCE(S) --			
		MEDICARE HMO GENERIC OTPT 11/09/07 - 03/03/08	
11/17/07	50009001	DISCOUNT - MEDICARE INPATIENT SERVICE ON 11/09/07	240.16-
		MEDICARE B	
12/13/07	40001050	MEDICARE PAYMENT SERVICE ON 11/09/07	100.72-
		MEDICARE B	
12/13/07	52008099	CONTRACTUAL ADJUSTMENT SERVICE ON 11/09/07	50.06
		MEDICARE B	
12/18/07	41001055	MEDICARE PMNT REVERSAL SERVICE ON 11/09/07	100.72
		MEDICARE B	
12/18/07	52008099	CONTRACTUAL ADJUSTMENT SERVICE ON 11/09/07	190.10
		MEDICARE B	
11/17/07	50009002	DISCOUNT RVRSL - MEDICARE IN SERVICE ON 11/09/07	240.16
		MEDICARE B	
03/03/08	50009001	DISCOUNT - MEDICARE INPATIENT SERVICE ON 11/09/07	240.16-
		MEDICARE HMO GENERIC OTPT	
03/18/08	40001020	INSURANCE PAYMENT SERVICE ON 11/09/07	75.90-
		MEDICARE HMO GENERIC OTPT	
03/18/08	52008099	CONTRACTUAL ADJUSTMENT SERVICE ON 11/09/07	50.06
		MEDICARE HMO GENERIC OTPT	
03/18/08	52008099	CONTRACTUAL ADJUSTMENT SERVICE ON 11/09/07	240.16-
		MEDICARE HMO GENERIC OTPT	
03/21/08	54001150	SMALL BALANCE WRITE-OFF	50.00-

REMIT TO			
EMORY CRAWFORD LONG HOSP.	BEGINNING BALANCE		0.00
550 PEACHTREE STREET, N.E	NEW CHARGES/ADJUSTMENTS		947.10
	NEW PAYMENTS/CREDITS		947.10-
ATLANTA GA 303652225	CURRENT ACCOUNT BALANCE		0.00

MAKE CHECK PAYABLE TO: EMORY CRAWFORD LONG HOSP.

IF YOU HAVE ANY QUESTIONS CONCERNING THIS STATEMENT PLEASE CONTACT:
 PATIENT ACCOUNTS PHONE: (404) 686-2422

EMORY HEALTHCARE
 EMORY CRAWFORD LONG HOSPITAL
 PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 1
 11/24/08 06:57

PATIENT NAME: WILLIAMS, HATTIE M

ACCOUNT NBR: 000257750-8030
 BILLING PERIOD: 02/07/08 11/24/08

BILL TO
 HATTIE M WILLIAMS
 348 ELEANOR STREET SE
 ATLANTA GA 30317
 UNITED STATES

SRV DATE	REF NBR	DESCRIPTION	
02/07/08	15777057	MAMMO SCREENING BILAT	158.00
02/07/08	15777052	CAD SCREENING MAMMO	47.00
-- WE HAVE BILLED THE FOLLOWING INSURANCE(S) --			
MEDICARE HMO GENERIC OTPT 02/07/08 - 02/29/08			
02/29/08	50009001	DISCOUNT - MEDICARE INPATIENT SERVICE ON 02/07/08	155.80-
MEDICARE HMO GENERIC OTPT			
03/17/08	40001020	INSURANCE PAYMENT SERVICE ON 02/07/08	63.68-
MEDICARE HMO GENERIC OTPT			
03/17/08	52008099	CONTRACTUAL ADJUSTMENT SERVICE ON 02/07/08	141.32-
MEDICARE HMO GENERIC OTPT			
03/17/08	52008099	CONTRACTUAL ADJUSTMENT SERVICE ON 02/07/08	155.80
MEDICARE HMO GENERIC OTPT			

REMIT TO			
EMORY CRAWFORD LONG HOSP.	BEGINNING BALANCE		0.00
550 PEACHTREE STREET, N.E	NEW CHARGES/ADJUSTMENTS		360.80
	NEW PAYMENTS/CREDITS		360.80-
ATLANTA GA 303652225	CURRENT ACCOUNT BALANCE		0.00

MAKE CHECK PAYABLE TO: EMORY CRAWFORD LONG HOSP.

IF YOU HAVE ANY QUESTIONS CONCERNING THIS STATEMENT PLEASE CONTACT:
 PATIENT ACCOUNTS PHONE: (404) 686-2422

EMORY HEALTHCARE
EMORY CRAWFORD LONG HOSPITAL
PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 1
11/24/08 06:58

PATIENT NAME: WILLIAMS, HATTIE M

ACCOUNT NBR: 000257750-8150
BILLING PERIOD: 11/24/08

BILL TO
NEUROPHYSIOLO LABORATORY
550 PEACHTREE ST
ATTN: PATIENT ACCOUNTS
ATLANTA GA 30308
UNITED STATES

SRV DATE	REF NBR	DESCRIPTION
----------	---------	-------------

REMIT TO		
EMORY CRAWFORD LONG HOSP.	BEGINNING BALANCE	0.00
550 PEACHTREE STREET, N.E	NEW CHARGES/ADJUSTMENTS	0.00
	NEW PAYMENTS/CREDITS	0.00
ATLANTA GA 303652225	CURRENT ACCOUNT BALANCE	0.00

MAKE CHECK PAYABLE TO: EMORY CRAWFORD LONG HOSP.

IF YOU HAVE ANY QUESTIONS CONCERNING THIS STATEMENT PLEASE CONTACT:
PATIENT ACCOUNTS PHONE: (404) 686-2422

EMORY HEALTHCARE
EMORY CRAWFORD LONG HOSPITAL
PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 1
11/24/08 06:58

PATIENT NAME: WILLIAMS, HATTIE M

ACCOUNT NBR: 000257750-8304
BILLING PERIOD: 11/24/08

BILL TO
NEUROPHYSIOLO LABORATORY
550 PEACHTREE ST
ATTN: PATIENT ACCOUNTS
ATLANTA GA 30308
UNITED STATES

SRV DATE	REF	NBR	DESCRIPTION
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REMIT TO		
EMORY CRAWFORD LONG HOSP.	BEGINNING BALANCE	0.00
550 PEACHTREE STREET, N.E	NEW CHARGES/ADJUSTMENTS	0.00
	NEW PAYMENTS/CREDITS	0.00
ATLANTA GA 303652225	CURRENT ACCOUNT BALANCE	0.00

MAKE CHECK PAYABLE TO: EMORY CRAWFORD LONG HOSP.

IF YOU HAVE ANY QUESTIONS CONCERNING THIS STATEMENT PLEASE CONTACT:
PATIENT ACCOUNTS PHONE: (404) 686-2422

EMORY HEALTHCARE
EMORY CRAWFORD LONG HOSPITAL
PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 1
11/24/08 06:58

PATIENT NAME: WILLIAMS, HATTIE M

ACCOUNT NBR: 000257750-8304

BILLING PERIOD: 11/24/08

BILL TO
NEUROPHYSIOLO LABORATORY
550 PEACHTREE ST
ATTN: PATIENT ACCOUNTS
ATLANTA GA 30308
UNITED STATES

SRV DATE REF NBR

DESCRIPTION

REMIT TO		
EMORY CRAWFORD LONG HOSP.	BEGINNING BALANCE	0.00
550 PEACHTREE STREET, N.E	NEW CHARGES/ADJUSTMENTS	0.00
	NEW PAYMENTS/CREDITS	0.00
ATLANTA GA 303652225	CURRENT ACCOUNT BALANCE	0.00

MAKE CHECK PAYABLE TO: EMORY CRAWFORD LONG HOSP.

IF YOU HAVE ANY QUESTIONS CONCERNING THIS STATEMENT PLEASE CONTACT:
PATIENT ACCOUNTS PHONE: (404) 686-2422

PEACHTREE NEUROLOGICAL CLINIC, P.C.

3200 Downwood Circle, N.W. - Suite 550
Atlanta, Georgia 30327
(404) 351-0205

DOUGLAS S. STUART, M.D.

REG. #

NAME

Hattie Williams

ADDRESS

Date

7/26/08

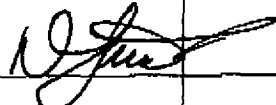
R

Physical therapy eval and
treat neck pain / R
Cervical radiculopathy after
a fall, also low back pain.

LABEL

Refill - 1 2 3 4 5

Generic Substitution Permitted



M.D.

M.D. Dispensed as Written

February 08, 2008

PART B MEDICAL INSURANCE - OUTPATIENT FACILITY CLAIMS (continued)

Dates of Service	Services Provided	Amount Charged	Non-Covered Charges	Deductible and Coinsurance	You May Be Billed	See Notes Section
This Claim was continued from the previous page.						
11/21/07-11/30/07	Therapeutic exercises (97110)	100.00	100.00	0.00	0.00	b
	Therapeutic exercises (97110)	100.00	100.00	0.00	0.00	b
	Manual therapy (97140)	81.00	81.00	0.00	0.00	b
	Manual therapy (97140)	81.00	81.00	0.00	0.00	b
	Manual therapy (97140)	81.00	81.00	0.00	0.00	b
	Pt evaluation (97001)	181.00	181.00	0.00	0.00	b
	Claim Total	\$880.00	\$880.00	\$0.00	\$0.00	
Control number 20800800112302						
DeKalb Medical Center						b
2701 North Decatur Rd						
Decatur, GA 30033-5995						
Referred by: Steven Smith						
12/03/07-12/31/07	Elec stim other than wound (G0283)	\$76.00	\$76.00	\$0.00	\$0.00	b
	Elec stim other than wound (G0283)	76.00	76.00	0.00	0.00	b
	Hot or cold packs therapy (97010)	60.00	60.00	0.00	0.00	d,e
	Hot or cold packs therapy (97010)	60.00	60.00	0.00	0.00	d,e
	Hot or cold packs therapy (97010)	60.00	60.00	0.00	0.00	d,e
	Therapeutic exercises (97110)	100.00	100.00	0.00	0.00	b
	Therapeutic exercises (97110)	200.00	200.00	0.00	0.00	b
	Therapeutic exercises (97110)	200.00	200.00	0.00	0.00	b
	Therapeutic exercises (97110)	300.00	300.00	0.00	0.00	b
	Therapeutic exercises (97110)	200.00	200.00	0.00	0.00	b
	Manual therapy (97140)	81.00	81.00	0.00	0.00	b
	Manual therapy (97140)	81.00	81.00	0.00	0.00	b
	Manual therapy (97140)	162.00	162.00	0.00	0.00	b
	Pt re-evaluation (97002)	119.00	119.00	0.00	0.00	f
	Claim Total	\$1,775.00	\$1,775.00	\$0.00	\$0.00	

Notes Section:

- a The amount Medicare paid the provider for this claim is \$100.72.
- b Our records show that you are enrolled in a Medicare health plan. Your provider must bill this service to the plan.
- c The amount Medicare paid the provider for this claim is \$0.00.
- d This is a duplicate of a charge already submitted.

(continued)

010345030200



PIEDMONT HOSPITAL
 P.O. BOX 102570
 ATLANTA GA 30368-2570

FOR QUESTIONS REGARDING
 THIS STATEMENT PLEASE CALL

(678)842-2000

PATIENT:

WILLIAMS, HATTIE M

PATIENT ACCOUNT NUMBER

P0823400316

DATE ADMITTED

09/02/08

DATE DISCHARGED

09/05/08

PAGE NO

001

REFER TO THIS NUMBER
 ON ALL CORRESPONDENCE

AMOUNT PAID: \$

BILL TO

HATTIE M WILLIAMS
 348 ELEANOR STREET SE
 ATLANTA, GA 30317

REMIT TO

PIEDMONT HOSPITAL
 P.O. BOX 102570
 ATLANTA GA 30368-2570

MAKE CHECKS PAYABLE TO THE ABOVE

METHOD OF PAYMENT

☐ CHECK



☐ AMERICAN EXPRESS



☐ DISCOVER

☐ MONEY ORDER

CARD #

EXP. DATE

SIGNATURE

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR REMITTANCE

POSTING DATE	ORDER NO.	ITEM NO.	DESCRIPTION	QTY	ITEM PRICE	TOTAL CHARGES
09/02/08	61	99000	ROOM 432 P	1	780.00	780.00
09/03/08	109	99000	ROOM 432 P	1	780.00	780.00
09/04/08	142	99000	ROOM 432 P	1	780.00	780.00
			TOTAL MED-SUR-GY/PVT			2,340.00
09/02/08	48	395	ANCEF 1GM INJ	2	24.00	48.00
09/02/08	49	395	ANCEF 1GM INJ	2	24.00	48.00
09/02/08	35	1103	DILAUDID 2MG/ML INJ	1	30.00	30.00
09/02/08	32	1855	VERSED 1MG/ML 2ML	1	30.00	30.00
09/02/08	46	1962	POTASSIUM CHLORIDE INJ	1	24.00	24.00
09/02/08	52	3220	KETOROLAC INJ 15 MG	1	24.00	24.00
09/02/08	53	3220	KETOROLAC INJ 15 MG	4	24.00	96.00
09/02/08	166	3220	KETOROLAC INJ 15 MG	-1	24.00	24.00CR
09/02/08	33	3620	LEVOFLOXACIN-D5W	1	239.00	239.00
09/02/08	34	4344	HYDROMORPHONE PCA 30 ML	1	95.00	95.00
09/02/08	54	4639	ESOMEPRAZOLE 40MG CAPSULE	1	21.40	21.40
09/02/08	55	4639	ESOMEPRAZOLE 40MG CAPSULE	1	21.40	21.40
09/03/08	99	3220	KETOROLAC INJ 15 MG	4	24.00	96.00
09/03/08	100	4639	ESOMEPRAZOLE 40MG CAPSULE	1	21.40	21.40
09/04/08	135	395	ANCEF 1GM INJ	1	24.00	24.00
09/04/08	138	742	BREVIBLOC 100MG/10ML	1	122.00	122.00
09/04/08	122	1103	DILAUDID 2MG/ML INJ	1	30.00	30.00
09/04/08	139	1366	TORADOL 30MG INJ	1	24.00	24.00
09/04/08	140	1430	XYLOCAINE 0.5% 50ML	1	75.00	75.00
09/04/08	141	2367	PROPOFOL 10MG/ML 20ML	1	44.00	44.00
09/04/08	137	2734	BUPIVACAINE 0.25% EPI 1-200	1	24.00	24.00
09/04/08	136	3671	PHENYLEPHRINE 1000MCG/10ML	1	26.00	26.00
09/04/08	127	3768	FEXOFENADINE 60MG	1	5.40	5.40
09/04/08	128	4639	ESOMEPRAZOLE 40MG CAPSULE	1	21.40	21.40
09/05/08	157	4639	ESOMEPRAZOLE 40MG CAPSULE	1	21.40	21.40

NOTE: AMOUNTS INDICATED TO BE PAID BY THIRD PARTIES ARE ESTIMATED BY THE HOSPITAL, HOWEVER, THE PATIENT AND/OR RESPONSIBLE PARTY HAVE PERSONALLY GUARANTEED PAYMENT AND ARE RESPONSIBLE FOR THE TOTAL CHARGES ON THIS STATEMENT.

PAY THIS
 AMOUNT →

Continued



PATIENT FINANCIAL SERVICES
 P.O. BOX 725507
 ATLANTA, GA 31139

TAXID - 58-0566213

IF YOU RECEIVED THE SERVICES OF AN EMERGENCY ROOM PHYSICIAN, RADIOLOGIST, PATHOLOGIST AND/OR AN ANESTHESIOLOGIST YOU MAY RECEIVE A SEPARATE BILL FOR THEIR CHARGES

← DIRECT ALL CORRESPONDENCE TO:

PIEDMONT HOSPITAL
 P.O. BOX 102570
 ATLANTA GA 30368-2570

FOR QUESTIONS REGARDING
 THIS STATEMENT PLEASE CALL

(678)842-2000

PATIENT :
 WILLIAMS,HATTIE M

PATIENT ACCOUNT NUMBER
 P0823400316

DATE ADMITTED
 09/02/08

DATE DISCHARGED
 09/05/08

PAGE NO
 002

REFER TO THIS NUMBER
 ON ALL CORRESPONDENCE

AMOUNT PAID: \$

BILL TO

HATTIE M WILLIAMS
 348 ELEANOR STREET SE
 ATLANTA, GA 30317

REMIT TO

PIEDMONT HOSPITAL
 P.O. BOX 102570
 ATLANTA GA 30368-2570

MAKE CHECKS PAYABLE TO THE ABOVE

- 1 155150 ADVANTRA FREEDOM/MCARE HMO
 2 155750 ADVANTRA FREEDOM MCARE HMO P
 3
 4

METHOD OF PAYMENT

☐ CHECK ☒ VISA ☐ MasterCard ☐ AMERICAN EXPRESS ☐ DISCOVER ☐
☐ MONEY ORDER

CARD # EXP. DATE

SIGNATURE

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR REMITTANCE

POSTING DATE	ORDER NO	ITEM NO.	DESCRIPTION	QTY	ITEM PRICE	TOTAL CHARGES
			TOTAL PHARMACY			1,187.40
09/02/08	50	2618	DEXTROSE 5% 50ML IV	1	55.00	55.00
09/02/08	51	2618	DEXTROSE 5% 50ML IV	1	55.00	55.00
09/02/08	36	2655	DEXTROSE 5%-NACL 0.45%-KCL 2	1	63.00	63.00
09/02/08	47	2697	DEXTROSE 5%-NACL 0.45% 1000M	1	63.00	63.00
09/02/08	16	50728	SOL LACTATED RINGERS 1000ML	1	67.00	67.00
09/02/08	24	50728	SOL LACTATED RINGERS 1000ML	1	67.00	67.00
09/02/08	66	50728	SOL LACTATED RINGERS 1000ML	1	67.00	67.00
09/02/08	67	50729	SOL SODIUM CHLORIDE INJ 1000	1	67.00	67.00
09/03/08	108	2660	SODIUM CHLORIDE 0.9% 1000ML	1	63.00	63.00
			TOTAL IV SOLUTIONS			567.00
09/02/08	44	1236	HYDROCHLOROTHIAZIDE 50MG	1	4.10	4.10
09/02/08	45	1236	HYDROCHLOROTHIAZIDE 50MG	1	4.10	4.10
09/02/08	38	1429	LEVOTHYROXINE SODIUM 0.1MG T	1	4.40	4.40
09/02/08	39	1429	LEVOTHYROXINE SODIUM 0.1MG T	1	4.40	4.40
09/02/08	40	1457	LOVASTATIN 20MG TAB	1	12.10	12.10
09/02/08	41	1457	LOVASTATIN 20MG TAB	-1	12.10	12.10CR
09/02/08	58	1457	LOVASTATIN 20MG TAB	1	12.10	12.10
09/02/08	59	1457	LOVASTATIN 20MG TAB	1	12.10	12.10
09/02/08	167	1457	LOVASTATIN 20MG TAB	-1	12.10	12.10CR
09/02/08	42	1551	POTASSIUM CHLORIDE 10MEQ CAP	1	4.20	4.20
09/02/08	43	1551	POTASSIUM CHLORIDE 10MEQ CAP	1	4.20	4.20
09/02/08	165	1551	POTASSIUM CHLORIDE 10MEQ CAP	-1	4.20	4.20CR
09/02/08	57	2072	WARFARIN SODIUM	1	6.60	6.60
09/02/08	60	2072	WARFARIN SODIUM	1	6.60	6.60
09/02/08	56	3618	LEVOFLOXACIN 500MG TAB	1	55.70	55.70
09/03/08	105	1102	DILAUDID 2MG TAB	1	6.10	6.10
09/03/08	106	1102	DILAUDID 2MG TAB	1	6.10	6.10
09/03/08	98	1236	HYDROCHLOROTHIAZIDE 50MG	1	4.10	4.10
09/03/08	96	1429	LEVOTHYROXINE SODIUM 0.1MG T	1	4.40	4.40
09/03/08	164	1429	LEVOTHYROXINE SODIUM 0.1MG T	-1	4.40	4.40CR
09/03/08	103	1457	LOVASTATIN 20MG TAB	1	12.10	12.10

NOTE: AMOUNTS INDICATED TO BE PAID BY THIRD PARTIES ARE ESTIMATED BY THE HOSPITAL, HOWEVER, THE PATIENT AND/OR RESPONSIBLE PARTY HAVE PERSONALLY GUARANTEED PAYMENT AND ARE RESPONSIBLE FOR THE TOTAL CHARGES ON THIS STATEMENT.

**PAY THIS
 AMOUNT** →

Continued



PATIENT FINANCIAL SERVICES
 P.O. BOX 725507
 ATLANTA, GA 31139
 TAXID - 58-0566213

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← **DIRECT ALL CORRESPONDENCE TO:**

PEDMONT HOSPITAL
P.O. BOX 102570
ATLANTA GA 30368-2570

FOR QUESTIONS REGARDING
THIS STATEMENT PLEASE CALL

(678)842-2000

PATIENT :

WILLIAMS,HATTIE M

PATIENT ACCOUNT NUMBER

P0823400316

DATE ADMITTED

09/02/08

DATE DISCHARGED

09/05/08

PAGE NO

003

REFER TO THIS NUMBER
ON ALL CORRESPONDENCE

AMOUNT PAID: \$

BILL TO

HATTIE M WILLIAMS
348 ELEANOR STREET SE
ATLANTA, GA 30317

REMIT TO

PIEDMONT HOSPITAL
P.O. BOX 102570
ATLANTA GA 30368-2570

MAKE CHECKS PAYABLE TO THE ABOVE

METHOD OF PAYMENT

☐ CHECK



☐ MONEY ORDER

CARD #

EXP. DATE

SIGNATURE

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR REMITTANCE

POSTING DATE	ORDER NO	ITEM NO	DESCRIPTION	QTY	ITEM PRICE	TOTAL CHARGES
09/03/08	97	1551	POTASSIUM CHLORIDE 10MEQ CAP	1	4.20	4.20
09/03/08	101	1723	MILK OF MAGNESIUM 30ML	1	4.20	4.20
09/03/08	104	2072	WARFARIN SODIUM	1	6.60	6.60
09/03/08	107	2117	CLORPACTIN WCS-90 2GM POWDER	1	19.25	19.25
09/03/08	102	3618	LEVOFLOXACIN 500MG TAB	1	55.70	55.70
09/04/08	132	1102	DILAUDID 2MG TAB	1	6.10	6.10
09/04/08	133	1102	DILAUDID 2MG TAB	1	6.10	6.10
09/04/08	126	1236	HYDROCHLOROTHIAZIDE 50MG	1	4.10	4.10
09/04/08	124	1429	LEVOTHYROXINE SODIUM 0.1MG T	1	4.40	4.40
09/04/08	131	1457	LOVASTATIN 20MG TAB	1	12.10	12.10
09/04/08	125	1551	POTASSIUM CHLORIDE 10MEQ CAP	1	4.20	4.20
09/04/08	134	2066	WARFARIN SODIUM	1	5.00	5.00
09/04/08	130	3618	LEVOFLOXACIN 500MG TAB	1	55.70	55.70
09/05/08	161	284	BISACODYL 10MG SUPP	1	4.10	4.10
09/05/08	160	1102	DILAUDID 2MG TAB	1	6.10	6.10
09/05/08	156	1236	HYDROCHLOROTHIAZIDE 50MG	1	4.10	4.10
09/05/08	154	1429	LEVOTHYROXINE SODIUM 0.1MG T	1	4.40	4.40
09/05/08	159	1457	LOVASTATIN 20MG TAB	1	12.10	12.10
09/05/08	155	1551	POTASSIUM CHLORIDE 10MEQ CAP	1	4.20	4.20
09/05/08	158	3618	LEVOFLOXACIN 500MG TAB	1	55.70	55.70
			TOTAL NON-COVERED PHARMACY			408.95
09/02/08	81	13780	HOOD STERISHIELD STRYKER 700	3	96.00	288.00
09/02/08	70	21861	STAPLER SKIN 35W	1	27.00	27.00
09/02/08	71	28472	KIT HEMODRAIN 1/8"	1	44.00	44.00
09/02/08	73	28926	DRILL TWIST SS 3.2MMX127MM	1	73.00	73.00
09/02/08	76	29028	WRAP FOOT LEFT & RIGHT	1	408.00	408.00
09/02/08	74	29872	BANDAGE ESMARK 6" DISP	1	77.00	77.00
09/02/08	68	32819	SUT TYPE A	2	43.00	86.00
09/02/08	80	3693	KIT VACUUM MIXEVAC II MIXER-	1	271.00	271.00
09/02/08	69	38304	SUT TYPE E	3	11.00	33.00
09/02/08	22	40056	RT OXYGEN PACU/OR	1	51.00	51.00
09/02/08	75	51570	SET HANDPIECE SURGILAV TIP/S	1	235.00	235.00

NOTE: AMOUNTS INDICATED TO BE PAID BY THIRD PARTIES ARE ESTIMATED BY THE HOSPITAL, HOWEVER, THE PATIENT AND/OR RESPONSIBLE PARTY HAVE PERSONALLY GUARANTEED PAYMENT AND ARE RESPONSIBLE FOR THE TOTAL CHARGES ON THIS STATEMENT.

PAY THIS
AMOUNT →

Continued



PATIENT FINANCIAL SERVICES
P.O. BOX 725507
ATLANTA, GA 31139

TAX ID - 58-0566213

IF YOU RECEIVED THE SERVICES OF AN EMERGENCY ROOM PHYSICIAN, RADIOLOGIST, PATHOLOGIST AND/OR AN ANESTHESIOLOGIST YOU MAY RECEIVE A SEPARATE BILL FOR THEIR CHARGES

← DIRECT ALL CORRESPONDENCE TO:



PIEDMONT HOSPITAL
P.O. BOX 102570
ATLANTA GA 30368-2570

PATIENT:

WILLIAMS, HATTIE M

PATIENT ACCOUNT NUMBER

P0823400316

DATE ADMITTED

09/02/08

DATE DISCHARGED

09/05/08

PAGE NO

004

FOR QUESTIONS REGARDING
THIS STATEMENT PLEASE CALL

(678)842-2000

REFER TO THIS NUMBER
ON ALL CORRESPONDENCE

AMOUNT PAID: \$

BILL TO

HATTIE M WILLIAMS
348 ELEANOR STREET SE
ATLANTA, GA 30317

REMIT TO

PIEDMONT HOSPITAL
P.O. BOX 102570
ATLANTA GA 30368-2570

MAKE CHECKS PAYABLE TO THE ABOVE

METHOD OF PAYMENT

☐ CHECK

☐ MONEY ORDER



☐ AMERICAN EXPRESS



☐ DISCOVER

CARD #

EXP. DATE

SIGNATURE

1
2
3
4
RECEIVED

155150 ADVANTRA FREEDOM/MCARE HMO
155750 ADVANTRA FREEDOM MCARE HMO P

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR REMITTANCE

POSTING DATE	ORDER NO	ITEM NO	DESCRIPTION	QTY	ITEM PRICE	TOTAL CHARGES
09/02/08	77	54929	BLADE SAG 25.0X86.5MM	1	70.00	70.00
			TOTAL MED/SURG SUPPLIES			1,663.00
09/02/08	72	33595	COBAN 6" STERILE	1	18.00	18.00
09/02/08	78	56230	BLADE RECIPROCATING LONG 5.5	1	143.00	143.00
			TOTAL STERILE SUPPLIES			161.00
09/02/08	82	30060	KNEE TOTAL ZIMMER	1	7,419.00	7,419.00
09/02/08	79	7074	SURGICAL SIMPLEX HOWME FULL	2	331.00	662.00
			TOTAL IMPLANTS			8,081.00
08/25/08	10	81110	VENIPUNCTURE	1	20.00	20.00
09/02/08	25	81110	VENIPUNCTURE	1	20.00	20.00
09/03/08	90	81110	VENIPUNCTURE	1	20.00	20.00
09/04/08	116	81110	VENIPUNCTURE	1	20.00	20.00
09/05/08	151	81110	VENIPUNCTURE	1	20.00	20.00
			TOTAL LABORATORY			100.00
09/02/08	26	80123	POTASSIUM BLOOD	1	57.00	57.00
09/03/08	88	82976	BASIC METABOLIC PANEL	1	140.00	140.00
			TOTAL CHEMISTRY			197.00
08/25/08	12	80053	ANTIBODY SCREEN,RBC	1	139.00	139.00
08/25/08	12	82501	*ABO GROUP	1	60.00	60.00
08/25/08	12	82502	RH TYPE	1	60.00	60.00
			TOTAL IMMUNOLOGY			259.00
08/25/08	9	80720	PARTIAL THROMBOPLASTIN TIME	1	98.00	98.00
08/25/08	8	80815	PROTHROMBIN TIME	1	67.00	67.00
09/03/08	92	80499	HEMATOCRIT	1	42.00	42.00
09/03/08	91	80503	HEMOGLOBIN	1	41.00	41.00
09/03/08	89	80815	PROTHROMBIN TIME	1	67.00	67.00
09/04/08	117	80499	HEMATOCRIT	1	42.00	42.00
09/04/08	118	80503	HEMOGLOBIN	1	41.00	41.00

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PAY THIS
AMOUNT →

Continued



PATIENT FINANCIAL SERVICES
P.O. BOX 725507
ATLANTA, GA 31139

TAXID- 58-0566213

IF YOU RECEIVED THE SERVICES OF AN EMERGENCY ROOM PHYSICIAN, RADIOLOGIST, PATHOLOGIST AND/OR AN ANESTHESIOLOGIST YOU MAY RECEIVE A SEPARATE BILL FOR THEIR CHARGES

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PIEDMONT HOSPITAL
P.O. BOX 102570
ATLANTA GA 30368-2570

FOR QUESTIONS REGARDING
THIS STATEMENT PLEASE CALL

(678)842-2000

PATIENT:

WILLIAMS, HATTIE M

PATIENT ACCOUNT NUMBER

P0823400316

DATE ADMITTED

09/02/08

DATE DISCHARGED

09/05/08

PAGE NO

005

REFER TO THIS NUMBER
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AMOUNT PAID: \$

BILL TO

HATTIE M WILLIAMS
348 ELEANOR STREET SE
ATLANTA, GA 30317

REMIT TO

PIEDMONT HOSPITAL
P.O. BOX 102570
ATLANTA GA 30368-2570

MAKE CHECKS PAYABLE TO THE ABOVE

METHOD OF PAYMENT

☐ CHECK

☐ MONEY ORDER



☐ AMERICAN EXPRESS

☐ DISCOVER

CARD #

EXP. DATE

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PLEASE DETACH AND RETURN THIS PORTION WITH YOUR REMITTANCE

POSTING DATE	ORDER NO	ITEM NO	DESCRIPTION	QTY	ITEM PRICE	TOTAL CHARGES
09/04/08	115	80815	PROTHROMBIN TIME	1	67.00	67.00
09/05/08	152	80499	HEMATOCRIT	1	42.00	42.00
09/05/08	153	80503	HEMOGLOBIN	1	41.00	41.00
09/05/08	150	80815	PROTHROMBIN TIME	1	67.00	67.00
			TOTAL HEMATOLOGY			615.00
08/25/08	7	80994	URINALYSIS	1	87.00	87.00
			TOTAL UROLOGY			87.00
09/02/08	62	41402	OR IP COMPLEX 1ST HR	1	6,499.00	6,499.00
09/02/08	63	41406	OR EACH ADD 15 MIN	3	648.00	1,944.00
			TOTAL OR SERVICES			8,443.00
09/02/08	64	41407	ANESTH AGENTS 1ST HOUR	1	682.00	682.00
09/02/08	65	41414	ANES AGENTS ADD PER 15 MIN	3	223.00	669.00
			TOTAL ANESTHESIA			1,351.00
09/03/08	83	40021	RT BIPAP INITIAL	1	442.00	442.00
09/04/08	143	40022	RT BIPAP/SHIFT	1	442.00	442.00
09/05/08	145	40022	RT BIPAP/SHIFT	1	442.00	442.00
			TOTAL RESPIRATORY SERVICES			1,326.00
09/04/08	148	60011	THERAPEUTIC PROCEDURE	2	126.00	252.00
09/04/08	149	60015	GAIT TRAINING	2	108.00	216.00
09/05/08	162	60015	GAIT TRAINING	1	108.00	108.00
09/05/08	163	60016	THERAPEUTIC ACTIVITIES	1	126.00	126.00
			TOTAL PHYSICAL THERAPY			702.00
09/03/08	110	60001	PT EVALUATION	1	288.00	288.00
			TOTAL PT/EVALUATION			288.00
09/02/08	30	958	FENTANYL 100MCG/2ML	1	30.00	30.00
09/02/08	31	958	FENTANYL 100MCG/2ML	1	30.00	30.00
09/04/08	121	958	FENTANYL 100MCG/2ML	1	30.00	30.00

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ATLANTA, GA 31139

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STATEMENT OF ACCOUNT

PIEDMONT HOSPITAL
P.O. BOX 102570
ATLANTA GA 30368-2570

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(678)842-2000

PATIENT:

WILLIAMS, HATTIE M

PATIENT ACCOUNT NUMBER
P0823400316

DATE ADMITTED
09/02/08

DATE DISCHARGED
09/05/08

PAGE NO
006

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BILL TO

HATTIE M WILLIAMS
348 ELEANOR STREET SE
ATLANTA, GA 30317

REMIT TO

PIEDMONT HOSPITAL
P.O. BOX 102570
ATLANTA GA 30368-2570

MAKE CHECKS PAYABLE TO THE ABOVE

- 1 155150 ADVANTRA FREEDOM/MCARE HMO
2 155750 ADVANTRA FREEDOM MCARE HMO P
3
4

METHOD OF PAYMENT

☐ CHECK ☒ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS ☐ DISCOVER ☐ MONEY ORDER

CARD # EXP. DATE

SIGNATURE

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR REMITTANCE

POSTING DATE	ORDER NO.	ITEM NO.	DESCRIPTION	QTY	ITEM PRICE	TOTAL CHARGES
09/04/08	129	2033	ZOFTRAN 4MG INJ	1	24.00	24.00
			TOTAL DRUGS/DETAIL CODE			114.00
09/02/08	20	41487	RECOVERY RM INPATIENT	1	1,467.00	1,467.00
09/02/08	21	41488	RECOVERY RM ADD 30 MIN	1	443.00	443.00
			TOTAL RECOVERY ROOM			1,910.00
08/25/08	11	50152	EKG-ATA	1	228.00	228.00
			TOTAL EKG/ECG			228.00
			TOTAL CHARGES			30,028.35
10/27/08	476	12400	Insurance Payment 155150		10,135.93CR	R
11/19/08	840	P1201	Patient Payment - ELB		540.00CR	
10/27/08	476	A3400	Insurance Allowance 155150		19,352.42CR	R
			TOTAL PAYMENTS/ADJUSTMENTS			30,028.35CR

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**PAY THIS
AMOUNT** →

0.00



PATIENT FINANCIAL SERVICES
P.O. BOX 725507
ATLANTA, GA 31139
TAX ID - 58-0566213

IF YOU RECEIVED THE SERVICES OF AN EMERGENCY ROOM PHYSICIAN, RADIOLOGIST, PATHOLOGIST AND/OR AN ANESTHESIOLOGIST YOU MAY RECEIVE A SEPARATE BILL FOR THEIR CHARGES

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PIEDMONT HOSPITAL
P.O. BOX 102570
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ATLANTA, GA 30317

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ATLANTA GA 30368-2570

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METHOD OF PAYMENT

□ CHECK

☐ MONEY ORDER

CARD #

EXP. DATE

SIGNATURE

INSURANCE

155150 ADVANTRA FREEDOM/MCARE HMO
155750 ADVANTRA FREEDOM MCARE HMO P

155750 ADVANTRA FREEDOM MCARE HMO P

TH

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR REMITTANCE

POSTING DATE	ORDER NO.	ITEM NO.	DESCRIPTION	QTY	ITEM PRICE	TOTAL CHARGES
			01 ROOM & BOARD			2,340.00
			09 RECOVERY ROOM			1,910.00
			10 PULMONARY/RESPIRATORY			1,326.00
			12 SURGICAL SERVICES			9,794.00
			16 PHCY SELF ADMINISTERABLE DRUGS			408.95
			17 PHARMACY			1,600.40
			19 LABORATORY			1,258.00
			20 MED/SUR SUPPLIES			10,173.00
			22 PHYSICAL THERAPY			990.00
			25 E K G			228.00
Institutional Services	155150	0.00155750				
Account Balance COB. 1	CODD					
Total Charges	30,028.35	30,028.35				
Non-Covered Chgs	0.00	30,028.35				
Deductibles/Co-Ins	0.00	0.00	Patient			

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PATIENT FINANCIAL SERVICES
P.O. BOX 725507
ATLANTA, GA 31139
TAXID- 58-0566213

**IF YOU RECEIVED THE SERVICES OF AN EMERGENCY ROOM PHYSICIAN,
RADIOLOGIST, PATHOLOGIST AND/OR AN ANESTHESIOLOGIST
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PATIENT:

WILLIAMS, HATTIE M

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POSTING DATE	ORDER NO.	ITEM NO.	DESCRIPTION	QTY	ITEM PRICE	TOTAL CHARGES
09/11		Bi	lling Period: 09/02 - 09/05			
F		Billed Charges	30,028.35			
		Total Insurance Payments	10,135.93			
		Total Insurance Adjustments	-19,352.42			
		Patient Payments	540.00			

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PAY THIS
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PATIENT FINANCIAL SERVICES
 P.O. BOX 725507
 ATLANTA, GA 31139
 TAX ID - 58-0566213

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PIEDMONT HOSPITAL P.O. BOX 102570 ATLANTA GA 30368-2570
MAKE CHECKS PAYABLE TO THE ABOVE

SIGNATURE

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR REMITTANCE

Continued

← DIRECT ALL CORRESPONDENCE TO:

WILLIAMS, HATTIE M	P-4 North-432-01	68y	F	Smith, Stephen W
Admitted: 02-Sep-2008	Discharged: 05-Sep-2008	DSC	06-Apr-1940	002021497/0823400316
02-Sep-08 15:05	Operative Notes	Smith, Stephen W (MD)	[Entered: 02-Sep-08 16:18 TTS_B, Rebecca(Ancillary Staff)]	
				Revised

Piedmont Hospital
****SIGNED****

Dictated By: Stephen W Smith MD
Date of Dictation: 09/02/2008
Date of Service: 09/02/2008
Signing Clinician: Stephen W Smith MD
Date Signed: 09/03/2008

PREOPERATIVE DIAGNOSIS: Left knee degenerative joint disease.
POSTOPERATIVE DIAGNOSIS: Left knee degenerative joint disease.
NAME OF PROCEDURE: Left total knee replacement (Zimmer size E femur, size 3 tibia, size 10 polyethylene insert, size 32 patella.
SURGEON: Stephen Smith, MD.
ASSISTANT: Susan Snouse, PA-C.
ANESTHESIA: Laryngeal mask airway.
TOURNIQUET TIME: 48 minutes.
ESTIMATED BLOOD LOSS: Minimal.
DRAINS: Hemovac 1 medium.
COMPLICATIONS: None.
DESCRIPTION OF PROCEDURE: The patient was escorted to the operating room and anesthesia was induced without apparent complication. The patient was placed in the supine position with all bony prominences well padded. The knee was then prepped and draped in a sterile manner. The leg was exsanguinated with an Esmarch bandage and the tourniquet was elevated. A straight anterior midline incision was made. Sharp dissection was carried down to fascia. A medial parapatellar arthrotomy was made. The patellofemoral ligaments were then transected. The knee was then flexed and the patella was everted. The intramedullary canal was then drilled and sized. Three degree external rotation holes were then drilled. The intramedullary guide was then attached and the 5-in-1 cut block was then screwed into place. Medial and lateral collateral ligaments were protected. Five distal femoral cuts were then made. The jig was then detached and the posterior stabilized notch cut jig was attached. The posterior stabilized notch was then cut. After the jig was removed, the medial meniscus, lateral meniscus, anterior cruciate ligament and posterior cruciate ligament were removed in their entirety. The proximal tibia was then isolated and a proximal tibial cut was made. An intramedullary device was then used, cutting approximately 2-millimeters off of the low side of the tibia. The proximal tibia was then sized for the tibial tray, and the tibial tray was pinned, centered at the medial 3rd of the tibial tubercle. We then trialed with the femoral trial and the tibial polyethylene insert. At that point, soft tissue balancing was assessed, and the following releases were needed: None. After flexion and extension gap as well as medial and lateral soft tissue balancing were equivalent, we then turned our attention to the patella. Soft tissue peripherally was removed from around the edge of the patella and the cutter-guide clamp was then used to cut the patella with the insertion of the quadriceps tendon and the patellar tendon as our guide. The patella was then tested for symmetric cut and prepared with the patellar jig as the holes were drilled.

WILLIAMS, HATTIE M	P-4 North-432-01	68y	F	Smith, Stephen W
Admitted: 02-Sep-2008	Discharged: 05-Sep-2008	DSC	06-Apr-1940	002021497/0823400316

02-Sep-08 15:05	Operative Notes	Smith, Stephen W (MD)	[Entered: 02-Sep-08 16:18 TTS_B, Rebecca(Ancillary Staff)]	**Revised**
------------------------	------------------------	------------------------------	---	--------------------

We then tested with the patella button and patellofemoral tracking was excellent. After patellofemoral tracking was determined to be accurate, we then removed all trial components. The tibial bone was prepared with the drill and the keel punch. Posterior osteophytes were removed at the distal femur. Bony surfaces were washed with the pulsatile lavage unit. Surfaces were then dried. Meanwhile two packs of Simplex P cement were mixed under vacuum and applied to the backside of the femoral component, tibial component and patellar component. Tibial cement was then packed into the horizontal surface of the tibia and distal femur, and tuberculin syringes were used to inject the cement into the patellar holes. We then placed the tibial component, followed by the femoral component, followed by the patellar component. The patellar component was clamped. The excess cement was removed. We then put a polyethylene insert into the tibial tray and the knee was brought out into full extension and allowed to dry. A deep medium Hemovac drain was placed. The wound was irrigated with copious amounts of pulsatile lavage solution as well as Clorpectin solution. Cement was allowed to harden. We then placed the knee in 45 degrees of flexion after permanent polyethylene insert had been placed. In 45 degrees of flexion, the knee was closed with 0 Ethibond distally in a simple interrupted manner at the distal arthrotomy site. Proximally at the arthrotomy, 0 PDS was used in a running manner. Subcutaneous structures were closed with 2-0 PDS in a running manner, and staples were used to close the skin. Sterile dressings were applied. The tourniquet was let down and the patient was transferred to the recovery room in satisfactory condition, having tolerated the procedure well.

eScription document:14-8269852

Patient Ledger

Patient ID: 2066086 Hattie M Williams
 Birthdate: 04/06/1940 348 Eleanor Street SE
 Phone 1: (404) 370-0885 Home Atlanta GA 30317
 Phone 2:

Total Charges: \$13,926.00
 Total Payments: \$2,201.81
 Total Adjustments: \$11,060.19
 Insurance Balance: \$664.00
 Patient Balance: \$0.00

Visit	Company	Doctor	Facility	Ticket Number	Units	Fee	Insurance	Patient
Service	Code	Description						
11/19/2007	Peachtree Orthopaedic	Snouse, Susan L	Main POC	MAI009487				
	715.96	Osteoarthritis, unspecified whether generalized or localized, lower leg						
	847.2	Lumbar sprain and strain						
	924.11	Contusion of knee						
11/19/2007	99213	Office or other outpatient visit			1.00	\$164.00	\$164.00	\$0.00
11/19/2007	73562	Radiologic examination, knee; three views			2.00	\$206.00	\$206.00	\$0.00
11/19/2007	72100	Radiologic examination, spine, lumbosacral; two or three views			1.00	\$121.00	\$121.00	\$0.00
11/19/2007	73562	Radiologic examination, knee; three views			-2.00	(\$206.00)	(\$206.00)	\$0.00
11/19/2007	73562	Radiologic examination, knee; three views			1.00	\$103.00	\$103.00	\$0.00
11/19/2007	73562	Radiologic examination, knee; three views			1.00	\$103.00	\$103.00	\$0.00
12/18/2007		Disallowed Adjustment					(\$111.12)	\$0.00
12/18/2007		Payment					(\$42.30)	\$0.00
05/02/2008		Payment					\$0.00	\$0.00
05/19/2008		Payment					\$0.00	\$0.00
09/23/2008		Contractual Adjustment					(\$10.58)	\$0.00
Visit Total/Balance Due							\$327.00	\$0.00
12/17/2007	Peachtree Orthopaedic	Smith MD, Stephen W	Main POC	MAI011936				
	715.96	Osteoarthritis, unspecified whether generalized or localized, lower leg						
12/17/2007	99213	Office or other outpatient visit			1.00	\$164.00	\$164.00	\$0.00
05/02/2008		Payment					\$0.00	\$0.00
05/20/2008		Payment					\$0.00	\$0.00
06/19/2008		Contractual Adjustment					(\$101.79)	\$0.00
06/19/2008		Payment					(\$32.21)	\$0.00
06/19/2008		Transfer from Insurance					(\$30.00)	\$30.00
07/22/2008		Conveyance Payment					\$0.00	(\$30.00)
Visit Total/Balance Due							\$0.00	\$0.00
12/12/2007	Peachtree Orthopaedic	Murray MD, H H	Main POC	MAI012866				
	847.0	Neck sprain and strain						
	847.2	Lumbar sprain and strain						
12/12/2007	99213	Office or other outpatient visit			1.00	\$164.00	\$164.00	\$0.00
12/12/2007	72040	Radiologic examination, spine, cervical; two or three views			1.00	\$113.00	\$113.00	\$0.00
02/25/2008		Contractual Adjustment					(\$176.81)	\$0.00
02/25/2008		Payment					(\$62.59)	\$0.00
02/25/2008		Transfer from Insurance					(\$37.60)	\$37.60
	Notes:	This claim has been filed to your insurance.						
03/10/2008		Transfer from Patient					\$37.60	(\$37.60)
04/23/2008		Transfer from Insurance					(\$37.60)	\$37.60
05/31/2008		Payment					\$0.00	(\$37.60)
Visit Total/Balance Due							\$0.00	\$0.00
03/07/2008	Peachtree Orthopaedic	Snouse, Susan L	Main POC	MAI021864				
	715.95	Osteoarthritis, unspecified whether generalized or localized, pelvic region and thigh						
03/07/2008	99212	Office or other outpatient visit			1.00	\$121.00	\$121.00	\$0.00
03/07/2008	20610	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)			1.00	\$218.00	\$218.00	\$0.00
04/07/2008		Contractual Adjustment					(\$245.85)	\$0.00
04/07/2008		Payment					(\$78.15)	\$0.00
04/07/2008		Transfer from Insurance					(\$15.00)	\$15.00
	Notes:	This claim has been filed to your insurance.						
05/31/2008		Payment					\$0.00	(\$15.00)
06/16/2008		Payment					\$0.00	(\$52.60)
07/22/2008		Conveyance Payment					\$0.00	\$30.00
07/22/2008		Conveyance Payment					\$0.00	\$22.60
Visit Total/Balance Due							\$0.00	\$0.00
05/09/2008	Peachtree Orthopaedic	Smith MD, Stephen W	Main POC	MAI029348				
	715.95	Osteoarthritis, unspecified whether generalized or localized, pelvic region and thigh						
05/09/2008	99213	Office or other outpatient visit			1.00	\$164.00	\$164.00	\$0.00
05/19/2008		Contractual Adjustment					(\$102.58)	\$0.00
05/19/2008		Payment					(\$31.42)	\$0.00
07/22/2008		Conveyance Payment					\$0.00	(\$22.60)
07/22/2008		Transfer from Insurance					(\$30.00)	\$30.00
07/22/2008		Courtesy Adjustment					\$0.00	(\$7.40)

Patient ID: 2066088
 Birthdate: 04/06/1940
 Phone 1: (404) 370-0885 Home
 Phone 2:

Hattie M Williams
 348 Eleanor Street SE
 Atlanta GA 30317

Total Charges: \$13,926.00
 Total Payments: \$2,201.81
 Total Adjustments: \$11,060.19
 Insurance Balance: \$664.00
 Patient Balance: \$0.00

Visit	Company	Doctor	Facility	Ticket Number	Units	Fee	Insurance	Patient
Service	Code	Description						
Visit Total/Balance Due							\$0.00	\$0.00
06/20/2008	Peachtree Orthopaedic	Snouse, Susan L	Main POC	MAJ033811				
	715.96	Osteoarthritis, unspecified whether generalized or localized, lower leg						
06/20/2008	99212	Office or other outpatient visit			1.00	\$121.00	\$121.00	\$0.00
06/30/2008		Contractual Adjustment					(\$82.55)	\$0.00
06/30/2008		Payment					(\$8.45)	\$0.00
07/22/2008		Conveyance Payment					\$0.00	(\$19.77)
07/22/2008		Transfer from Patient					(\$19.77)	\$19.77
07/22/2008		Courtesy Adjustment					(\$10.23)	\$0.00
Visit Total/Balance Due							\$0.00	\$0.00
08/01/2008	Peachtree Orthopaedic	Snouse, Susan L	Main POC	MAJ038528				
	715.96	Osteoarthritis, unspecified whether generalized or localized, lower leg						
08/01/2008	99212	Office or other outpatient visit			1.00	\$121.00	\$121.00	\$0.00
08/01/2008	73562	Radiologic examination, knee; three views			1.00	\$103.00	\$103.00	\$0.00
08/28/2008		Contractual Adjustment					(\$150.43)	\$0.00
08/28/2008		Payment					(\$43.57)	\$0.00
08/28/2008		Transfer from Insurance					(\$30.00)	\$30.00
10/29/2008		Payment					\$0.00	(\$30.00)
Visit Total/Balance Due							\$0.00	\$0.00
08/25/2008	Peachtree Orthopaedic	Smith MD, Stephen W	Main POC	MAJ041021				
	715.96	Osteoarthritis, unspecified whether generalized or localized, lower leg						
08/25/2008	99213	Office or other outpatient visit			1.00	\$164.00	\$134.00	\$30.00
09/02/2008		Contractual Adjustment					(\$102.58)	\$0.00
09/02/2008		Payment					(\$31.42)	\$0.00
09/11/2008		Payment					\$0.00	(\$30.00)
Visit Total/Balance Due							\$0.00	\$0.00
09/02/2008	Peachtree Orthopaedic	Smith MD, Stephen W	Piedmont Hospital Inpatient	PHI003639				
	715.96	Osteoarthritis, unspecified whether generalized or localized, lower leg						
09/02/2008	27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)			1.00	\$5,800.00	\$5,800.00	\$0.00
09/11/2008		Contractual Adjustment					(\$4,346.12)	\$0.00
09/11/2008		Payment					(\$1,453.88)	\$0.00
Visit Total/Balance Due							\$0.00	\$0.00
09/02/2008	Peachtree Orthopaedic	Snouse, Susan L	Piedmont Hospital Inpatient	PHI003640				
	715.96	Osteoarthritis, unspecified whether generalized or localized, lower leg						
09/02/2008	27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)			1.00	\$5,742.00	\$5,742.00	\$0.00
09/11/2008		Contractual Adjustment					(\$5,544.27)	\$0.00
09/11/2008		Payment					(\$197.73)	\$0.00
Visit Total/Balance Due							\$0.00	\$0.00
09/24/2008	Peachtree Orthopaedic	Smith MD, Stephen W	Main POC	MAJ044441				
	715.96	Osteoarthritis, unspecified whether generalized or localized, lower leg						
09/24/2008	99024	Postoperative follow-up visit			1.00	\$0.00	\$0.00	\$0.00
09/24/2008	73562	Radiologic examination, knee; three views			1.00	\$103.00	\$103.00	\$0.00
09/29/2008		Contractual Adjustment					(\$67.88)	\$0.00
09/29/2008		Payment					(\$20.12)	\$0.00
09/29/2008		Transfer from Insurance					(\$15.00)	\$15.00
11/10/2008		Payment					\$0.00	(\$15.00)
Visit Total/Balance Due							\$0.00	\$0.00
09/25/2008	Peachtree Orthopaedic	Smith MD, Stephen W	Main POC	MAJ049842				
	715.96	Osteoarthritis, unspecified whether generalized or localized, lower leg						
09/25/2008	G0180	Physician certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial imp			1.00	\$234.00	\$234.00	\$0.00
Visit Total/Balance Due							\$234.00	\$0.00
11/05/2008	Peachtree Orthopaedic	Smith MD, Stephen W	Main POC	MAJ049328				
	715.96	Osteoarthritis, unspecified whether generalized or localized, lower leg						
11/05/2008	99024	Postoperative follow-up visit			1.00	\$0.00	\$0.00	\$0.00
11/05/2008	73562	Radiologic examination, knee; three views			1.00	\$103.00	\$103.00	\$0.00

Total Charges:	\$13,926.00
Total Payments:	\$2,201.81
Total Adjustments:	\$11,060.19
insurance Balance:	\$664.00
Patient Balance:	\$0.00

[illegible]



PATIENT NAME WILLIAMS, HATTIE
PATIENT NUMBER 2066086
DATE OF SERVICE 11/19/2007
PROVIDER Sue Snouse, PA-C

POC LOCATION: Main POC

HISTORY OF PRESENT ILLNESS: Hattie is a long-term patient of ours. She underwent a right total knee replacement in June of 2007 and had been doing very well. On 11/09/07, she was at her local Wal-Mart and fell on grapes in the produce section. She landed directly on her left knee and then landed on her left lateral hip and buttocks. She had immediate left anterior knee pain and swelling. She was taken to Crawford W. Long Hospital Emergency Room where x-rays per the patient were negative for fracture. She was diagnosed with a left knee contusion and given a prescription for Vicodin and told to ice. She was told to return to an orthopedic specialist if she continued to have pain. Approximately four days after her accident, she started having low back pain and left lateral buttock and hip pain. She describes the pain as a achy sensation. She is having pain with standing or walking and feels better in a forward flexion position. She is not having pain at rest or lying down. She has been taking Vicodin for pain. She has not had any bowel or bladder discomfort. She has also noted that her right knee has been hurting more the past several days.

PHYSICAL EXAMINATION: On physical examination she is walking with a forward list and with use of a cane. She has a well-healed incision on her right knee. Right knee range of motion is 0 to 120 degrees. No ligamentous laxity. Motor and sensory examination is grossly normal.

The left knee has resolving swelling and ecchymosis at the patellar region. She is sensitive to the touch to this area. She is nontender in the medial or lateral joint line. Range of motion is 0 to 120. She had no ligamentous laxity. She did have a positive grind test. Motor and sensory examination is grossly normal.

She is tender to palpation along the paraspinal muscles of the lumbar spine. Lumbar flexion was painless and full. Lumbar extension and right and left side bending was limited and painful. She is able to do a single heel raise and heel walk. She had a negative right and left straight leg raise test. Bilateral hip range of motion was full. Deep tendon reflexes were 1-2+ in the bilateral Achilles and patella tendons. No deficit in motor was noted. She did report full sensation to light touch.

DIAGNOSTIC STUDIES: Two views of the lumbar spine demonstrates diffuse facet arthritis with mild degenerative disk disease. She has a lordotic curve. She had no obvious acute fractures.

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WILLIAMS, HATTIE

#2066086

11/19/2007

PAGE 2

Three views of the left knee demonstrates moderate to severe patellofemoral arthritis with mild to moderate medial and lateral compartment changes.

Three views of the right knee demonstrates the components are intact and in excellent alignment.

ASSESSMENT:

1. Lumbar sprain and strain following a fall on 11/09/07.
2. Left knee contusion following a fall on 11/09/07.
3. Right knee increased pain which is probably from overcompensation. Her components are intact and her physical examination is benign.

RECOMMENDATIONS/PLAN: We will start her at formal physical therapy, in particular for treatment her back. She will continue to use ice, heat, and gentle stretching. I have given her a prescription for Vicodin 5/500 #50, Flexeril 10 mg #30, and ibuprofen 600 mg #90. She will return to the office in four weeks to see Dr. Smith. She will contact us if she has any additional problems.

Susan L. Snouse, PA-C

cc: Jimmy L. Williams, M.D.
550 Peachtree Street, N.E. #1220
Atlanta, Georgia 30308

SS/SWS/wz938jb
RPT#3316795

Complete/smv

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PATIENT NAME WILLIAMS, HATTIE
PATIENT NUMBER 2066086
DATE OF SERVICE 12/17/2007
PROVIDER Stephen W. Smith, M.D.

POC LOCATION: Main POC

HISTORY OF PRESENT ILLNESS: Hattie comes in today for a check of her right knee. She has been having some buckling since her fall but it is overall doing better. Her left knee does not bother her.

PHYSICAL EXAMINATION: On physical examination the surgical incision is well-healed. The calf is nontender. Range of motion is 0 to 120 degrees.

DIAGNOSTIC STUDIES: AP, lateral, and sunrise views of the right knee were reviewed from last time and look good.

IMPRESSION: Quadriceps atrophy, right knee.

RECOMMENDATIONS/PLAN: I have encouraged her to work on some quad strengthening and we will follow her routinely.

Stephen W. Smith, M.D.

SWS/wz938jb
RPT#3356890

Complete/smv

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PATIENT NAME WILLIAMS, HATTIE
PATIENT NUMBER 2066086
DATE OF SERVICE 03/07/2008
PROVIDER Sue Snouse, PA-C

POC LOCATION: Main POC

HISTORY OF PRESENT ILLNESS: Hattie returns to the office for left knee pain and swelling. She states she just has not felt right since she fell at her local Wal-Mart. She had been feeling much better in December when she saw Dr. Smith. Her pain has been much worse the past several days. Her daughter made her ice and elevate her leg yesterday and she has noted less swelling. She does have known arthritis.

PHYSICAL EXAMINATION: On physical examination she had medial joint line tenderness. She does have a mild effusion today. The knee was not hot to the touch. Her range of motion was 0 to 115 degrees, positive grind test. No ligamentous laxity. Motor and sensory examination is grossly normal.

DIAGNOSTIC STUDIES: Deferred today.

ASSESSMENT: Continued left knee pain, probable cause her osteoarthritis.

RECOMMENDATIONS/PLAN: We discussed treatment including continuation of her home exercise program, pain medication as needed, and a cortisone injection. After obtaining her consent 5 cc of Marcaine 0.25% and 5 cc of Kenalog 10 mg was injected using an anterolateral approach. She tolerated the injection well. She was given a refill on Vicodin 5/500. If this gives her relief, injections could be done every three to four months.

Susan L. Snouse, PA-C

cc: Jenny Williams, M.D., 550 Peachtree Street, N.E. #1220, Atlanta, Georgia 30308

SS/SWS/wz938jb
RPT#3474963

Complete/smv

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PATIENT NAME WILLIAMS, HATTIE
PATIENT NUMBER 2066086
DATE OF SERVICE 05/09/2008
PROVIDER Stephen W. Smith, M.D.

POC LOCATION: Main POC

HISTORY OF PRESENT ILLNESS: Hattie comes in today for a check of her right leg. She apparently had a dilatation and curettage last week and when she awoke from the operation she could not extend her right leg. She also had numbness in the right leg in the femoral nerve distribution. She comes in today with a walker. She does not know what kind of anesthesia she had but she thinks she has general anesthesia. She apparently did not have an epidural.

PHYSICAL EXAMINATION: On physical examination she cannot extend her right leg. She is numb in the femoral distribution. She can passively move the knee from 0 to 110 degrees. She can flex the knee and she moves her foot well.

IMPRESSION: Femoral nerve palsy after a dilatation and curettage. I have no idea why this would have occurred. She has an appointment to see Dr. Doug Stuart.

RECOMMENDATIONS/PLAN: I have encouraged her to continue passive range of motion of her knee while she is dealing with this problem. She will follow up with Doug Stuart for evaluation of her femoral nerve palsy.

Stephen W. Smith, M.D.

cc: Jimmie Williams, M.D., Fax #404/688-0716

SWS/wz938jb
RPT#3567884

Complete/smv

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PATIENT NAME	WILLIAMS, HATTIE
PATIENT NUMBER	2066087
DATE OF BIRTH	04/06/1940
DATE OF SERVICE	08/01/2008
PROVIDER	Sue Snouse, PA-C

POC LOCATION: Main POC

HISTORY OF PRESENT ILLNESS: Hattie returns to the office with her daughter. She is having increased left knee pain and only got about a week worth of relief from the cortisone injection given to her on 06/20/08. She is having significant generalized left knee pain with stairs, walking, and prolonged standing. She has pain at night that can awaken her. She has a sensation that she will fall due to instability in her knee and has noted less range of motion recently. She has not had any fevers or chills. She has had to stop physical therapy due to difficulty with her left knee. Her right knee, which has a femoral nerve palsy, seems to be improving although it is not at full strength yet.

PHYSICAL EXAMINATION: On physical examination she has a moderate effusion in the left knee. She has medial and lateral joint line tenderness. Her range of motion is -5 to 105 degrees with marked patellofemoral and lateral crepitus. She has a positive grind test. Motor and sensory examination is grossly normal.

DIAGNOSTIC STUDIES: Three views of the left knee demonstrates complete lateral and patellofemoral joint space collapse with severe tricompartmental osteoarthritis.

ASSESSMENT: Left knee pain from severe osteoarthritis. She has advanced from moderate osteoarthritis to severe.

RECOMMENDATIONS/PLAN: I think it is time for a knee replacement and Hattie is in agreement with this. We gave her a packet and I have encouraged her to attend the Joint Efforts class. Amy will give her a call to schedule her surgery. I have given her a refill on Darvocet-N 100 #60. We will see her back at her preop appointment.

Susan L. Snouse, PA-C

cc: Jimmie Williams, M.D./FAX# 404-688-0716

SS/SWS/wz938jb
RPT#3692354

Complete/smv

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PATIENT NAME WILLIAMS, HATTIE
PATIENT NUMBER 2066086
DATE OF BIRTH 04/06/1940
DATE OF SERVICE 06/20/2008
PROVIDER Sue Snouse, PA-C

POC LOCATION: Main POC

HISTORY OF PRESENT ILLNESS: Hattie returns to the office today for increasing left knee pain. Her pain is generalized and is provoked by stairs, walking, and she has noted some swelling. She has known osteoarthritis in that knee but would like to continue with conservative treatment and asks about a cortisone injection. She has not had any falls. She is in therapy to work on strengthening her right leg which suffered a femoral nerve palsy.

PHYSICAL EXAMINATION: On physical examination she does have a mild to moderate effusion in the left knee. She has medial and mild lateral joint line tenderness. Her range of motion is 0 to 115 degrees with crepitus. Positive grind test. No ligamentous laxity. Motor and sensory examination is grossly normal.

ASSESSMENT: Continued left knee pain, probable cause osteoarthritis.

RECOMMENDATIONS/PLAN: We discussed treatment options including another cortisone injection. If she does not get relief with cortisone injections knee replacement may be her best treatment option in the future.

PROCEDURE: After obtaining her consent, using aseptic technique, 5 cc of Kenalog 10 mg and 5 cc of Marcaine 0.25% was injected using an anterolateral approach. The patient tolerated the injection well.

We will try Darvocet-N 100 #60 for pain relief at home. She will return to the office in three to four months for another injection if needed.

Susan L. Snouse, PA-C

cc: Jimmie Williams, M.D./FAX# 404-688-0716

SS/SWS/wz938jb
RPT#3631972

Complete/smv



PATIENT NAME	WILLIAMS, HATTIE
PATIENT NUMBER	2066086
DATE OF BIRTH	04/06/1940
DATE OF SERVICE	08/25/2008
PROVIDER	Stephen W. Smith, M.D.

POC LOCATION: Main POC

HISTORY OF PRESENT ILLNESS: Hattie comes in today for a preoperative visit regarding her left total knee replacement.

RECOMMENDATIONS/PLAN: We had a long talk about the risks and benefits of the procedure and the patient is understanding of these. The patient will go across to Piedmont Hospital today for a preadmission visit. The patient has been cleared for surgery for left total knee replacement. She will see us back two weeks postop.

Stephen W. Smith, M.D.

SWS/wz938jb
RPT#3726203

Complete/smv



PATIENT NAME WILLIAMS, HATTIE
PATIENT NUMBER 2066086
DATE OF BIRTH 04/06/1940
DATE OF SURGERY 09/02/2008
PROVIDER Stephen W. Smith, M.D.

LOCATION: Piedmont Hospital

OPERATIVE NOTE

PREOPERATIVE DIAGNOSIS: Right knee, degenerative joint disease.

POSTOPERATIVE DIAGNOSIS: Right knee, degenerative joint disease.

SURGERY: Right total knee replacement (Zimmer size E femur, size 3 tibia, size 10 polyethylene insert, size 32 patella).

SURGEON: Stephen W. Smith, M.D.

ASSISTANT: Susan L. Snouse, PA-C

ESTIMATED BLOOD LOSS: Minimal.

DRAINS: One medium Hemovac.

ANESTHESIA: Laryngeal mask airway.

TOURNIQUET TIME: Forty-eight minutes.

COMPLICATIONS: None.

Stephen W. Smith, M.D.

cc: Jimmie Williams, M.D., Fax #404/688-0716

SWS/wz938jb
RPT#3737234

Complete/smv

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404-355-0743



PATIENT NAME

HATTIE WILLIAMS

PATIENT NUMBER

2066086

DATE OF SERVICE

09/05/2008

PROVIDER

Stephen W. Smith, M.D.

Upon discharge from Piedmont Hospital, received a prescription for Dilaudid 2mg #60, Levaquin 500mg #4, and EC Aspirin 325mg #60.

Amy Dahl



PATIENT NAME	WILLIAMS, HATTIE
PATIENT NUMBER	2066086
DATE OF BIRTH	04/06/1940
DATE OF SERVICE	09/24/2008
PROVIDER	Stephen W. Smith, M.D.

POC LOCATION: Main POC

HISTORY OF PRESENT ILLNESS: Hattie comes in today for a check of her left knee. She is doing well. She is doing well. She is at A.G. Rhodes currently but wants to go home. She is doing well with her physical therapy.

PHYSICAL EXAMINATION: The surgical incision is well-healed. She has 0 to 100 degrees range of motion. Motor and sensory examination is grossly normal. Calf is nontender.

DIAGNOSTIC STUDIES: AP, lateral, and sunrise views of the left knee shows the components to be in excellent position.

IMPRESSION: Doing very well status post left total knee replacement.

RECOMMENDATIONS/PLAN: We will see her back at 6-8 weeks. She will continue therapy until then.

Stephen W. Smith, M.D.

cc: Jimmie Williams, M.D., Fax #404/688-0716

SWS/wz978ad
RPT#3773147

Complete/smv



PATIENT NAME	WILLIAMS, HATTIE
PATIENT NUMBER	2066086
DATE OF BIRTH	04/06/1940
DATE OF SERVICE	11/05/2008
PROVIDER	Stephen W. Smith, M.D.

POC LOCATION: Main POC

HISTORY OF PRESENT ILLNESS: Hattie comes in today for a check of her left knee. She is doing fairly well. She is still having some pain but is feeling much better.

PHYSICAL EXAMINATION: On physical examination the surgical incision is well-healed. The calf is nontender. Range of motion is 0 to 120 degrees. The calf is nontender. Pulses are good.

DIAGNOSTIC STUDIES: AP, lateral, and sunrise views of the left knee shows the components to be in excellent position. No problems are seen.

IMPRESSION: Doing very well status post left total knee replacement.

RECOMMENDATIONS/PLAN: We will see her back at her one year anniversary or earlier if needed for any further problems.

Stephen W. Smith, M.D.

cc: Jimmie Williams, M.D., Fax #404/688-0716

SWS/wz938jb
RPT#3841157

Complete/smv